



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION  
OF  
HAZARDOUS WASTE ACTIVITY**

03/12/2007

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

**EPA I.D. NUMBER:** NJD080625346

**INSTALLATION NAME:** KIDDIE KANDIDS #00585

**INSTALLATION ADDRESS :** 98 RTE 10 WEST  
EAST HANOVER, NJ 07936

**MAILING ADDRESS :** 98 RTE 10 WEST  
EAST HANOVER, NJ 07936

EPA Form 8700-12AB (4-80)

USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22nd Floor  
New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS  
Tel : (212) 637-4106  
Fax: (212) 637-3056

TO: KIDDIE KANDIDS #00585  
or Current Occupant  
ATTN: CLINT EASTMAN  
98 RTE 10 WEST  
EAST HANOVER, NJ 07936

<b>SEND COMPLETED FORM TO:</b> The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>		2007 JAN -5 AM 9:41
<b>1. Reason for Submittal</b> (See instructions on page 13.)  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input checked="" type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report		
<b>2. Site EPA ID Number</b> (page 14)	EPA ID Number <u>NJ D 080 625 346</u>		
<b>3. Site Name</b> (page 14)	Name: KIDDIE KANDIDS #00585		
<b>4. Site Location Information</b> (page 14)	Street Address: 98 ROUTE 10 WEST City, Town, or Village: EAST HANOVER State: NJ County Name: MORRIS Zip Code: 07936		
<b>5. Site Land Type</b> (page 14)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
<b>6. North American Industry Classification System (NAICS) Code(s) for the Site</b> (page 14)	A. <u>812922</u> B. _____ C. _____ D. _____		
<b>7. Site Mailing Address</b> (page 15)	Street or P. O. Box: SAME City, Town, or Village: _____ State: _____ Country: _____ Zip Code: _____		
<b>8. Site Contact Person</b> (page 15)	First Name: Clint MI: W Last Name: Eastman Phone Number: 973-503-0101 Extension: _____ Email address: _____		
<b>9. Operator and Legal Owner of the Site</b> (pages 15 and 16)	A. Name of Site's Operator: TOYS R US Date Became Operator (mm/dd/yyyy): 11/14/06 Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner: TOYS R US Date Became Owner (mm/dd/yyyy): 11/14/06 Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

EPA ID NO: 

OMB#: 2050-0028 Expires 1/31/2006

9. Legal Owner (Continued) Address	Street or P. O. Box: ONE GEOFFERY WAY	
	City, Town, or Village: WAYNE	
	State: NJ	
	Country: USA	Zip Code: 07470

## 10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

## A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☒ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)  
of non-acute hazardous waste; or☒ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)  
of non-acute hazardous waste; or☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)  
of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☒ d. United States Importer of Hazardous WasteY ☐ N ☒ e. Mixed Waste (hazardous and radioactive) GeneratorY ☐ N ☒ 2. Transporter of Hazardous WasteY ☐ N ☒ 3. Treater, Storer, or Disposer ofHazardous Waste (at your site) Note:  
A hazardous waste permit is required for  
this activity.Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your  
site)Y ☐ N ☒ 5. Exempt Boiler and/or Industrial  
Furnace

If "Yes", mark each that applies.

☐ a. Small Quantity On-site Burner  
Exemption☐ b. Smelting, Melting, and Refining  
Furnace ExemptionY ☐ N ☒ 6. Underground Injection Control

## B. Universal Waste Activities

Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (accumulate  
5,000 kg or more) [refer to your State regulations to  
determine what is regulated]. Indicate types of universal  
waste generated and/or accumulated at your site. If "Yes",  
mark all boxes that apply:

	<u>Generate</u>	<u>Accumulate</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Y ☐ N ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

## C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☒ 1. Used Oil Transporter

If "Yes", mark each that applies.

☐ a. Transporter  
☐ b. Transfer FacilityY ☐ N ☒ 2. Used Oil Processor and/or Re-refiner

If "Yes", mark each that applies.

☐ a. Processor  
☐ b. Re-refinerY ☐ N ☒ 3. Off-Specification Used Oil BurnerY ☐ N ☒ 4. Used Oil Fuel Marketer

If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of  
Off-Specification Used Oil to  
Off-Specification Used Oil Burner  
☐ b. Marketer Who First Claims the  
Used Oil Meets the Specifications



## 11. Description of Hazardous Wastes (See instructions on page 21.)

**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.


D011						

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.


## 12. Comments (See instructions on page 21.)

PLEASE INFORM NATE ENRIGHT AT PSC ENVIRONMENTAL SERVICES WHEN THE EPA ID NUMBER  
IS AVAILABLE 313-824-5840 NENRIGHT@PSCNOW.COM

**13. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Clint Eastman Output Manager	11/24/06

EPA Form 8700-12 (Revised 3/2005)

9. Legal Owner (Continued) Address	Street or P. O. Box: ONE GEOFFERY WAY	
	City, Town, or Village: WAYNE	
	State: NJ	Zip Code: 07470
	Country: USA	

## 10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

## A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☒ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)  
of non-acute hazardous waste; or☒ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)  
of non-acute hazardous waste; or☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)  
of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☒ d. United States Importer of Hazardous WasteY ☐ N ☒ e. Mixed Waste (hazardous and radioactive) GeneratorY ☐ N ☒ 2. Transporter of Hazardous WasteY ☐ N ☒ 3. Treater, Storer, or Disposer ofHazardous Waste (at your site) Note:  
A hazardous waste permit is required for  
this activity.Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your  
site)Y ☐ N ☒ 5. Exempt Boiler and/or Industrial  
Furnace

If "Yes", mark each that applies.

☐ a. Small Quantity On-site Burner  
Exemption☐ b. Smelting, Melting, and Refining  
Furnace ExemptionY ☐ N ☒ 6. Underground Injection Control

## B. Universal Waste Activities

- Y
- ☐
- N
- ☒
1. Large Quantity Handler of Universal Waste (accumulate
- 
- 5,000 kg or more) [refer to your State regulations to
- 
- determine what is regulated]. Indicate types of universal
- 
- waste generated and/or accumulated at your site. If "Yes",
- 
- mark all boxes that apply:

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Y ☐ N ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

## C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☒ 1. Used Oil Transporter

If "Yes", mark each that applies.

☐ a. Transporter  
☐ b. Transfer FacilityY ☐ N ☒ 2. Used Oil Processor and/or Re-refiner

If "Yes", mark each that applies.

☐ a. Processor  
☐ b. Re-refinerY ☐ N ☒ 3. Off-Specification Used Oil BurnerY ☐ N ☒ 4. Used Oil Fuel Marketer

If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of  
Off-Specification Used Oil to  
Off-Specification Used Oil Burner  
☐ b. Marketer Who First Claims the  
Used Oil Meets the Specifications



A. **Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D011


PLEASE INFORM NATE ENRIGHT AT PSC ENVIRONMENTAL SERVICES WHEN THE EPA ID NUMBER  
IS AVAILABLE 313-824-5840 NENRIGHT@PSCNOW.COM

IS AVAILABLE 313-824-5840

NENRIGHT@PSCNOW.COM

**13. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

Signature of operator, owner, or an  
authorized representative

Name and Official Title (type or print)

Date Signed  
(mm/dd/yyyy)

Output Manager Clint Eastman

11/14/2006



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

100000025040

INGERSOLL-RAND EQUIPMENT SALES

98 ROUTE 10

EAST HANOVER

NJ

07936

INSTALLATION ADDRESS

98 ROUTE 10

EAST HANOVER

NJ

07936



## RCRA Site Detail

Report run on: January 12, 2007 - 12:17 PM

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**NJD080625346 INGERSOLL-RAND EQUIPMENT SALES**

EPA Region 02 Extract Flag: Y Facility Identifier: County: MORRIS

Basic Notes: EXTRACT\_FLAG UPDATED OCT 2003 VIA SQL

**Universes**

Generator:	N	Transporter:	N	Active:	N
Operating TSDF:	----	IC In Place:	N	El Indicator (HE / GW):	N / N

Activity Location:	NJ	Source Type:	Implementer	Seq. Number:	1	Receive Date:	08 JUL 1999
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Other/Previous Site Name: INGERSOLL-RAND EQUIPMENT SALES

Location	98 RTE 10
Address:	EAST HANOVER, NJ 07936

Mailing	98 RTE 10
Address:	EAST HANOVER, NJ 07936

Land Type:	Bad code -	Non Notifier:	No	Commercial Availability:	Other - U	Tsd Date:	
Accessibility:		No. Employees:		State District:	NORTHERN		

Notes: Update 10/03 to ensure Leg\_Dist is associated with correct Counties

## Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Not a Generator; State: HQ-N Not a Generator

Transfer Facility: Unknown

**Used Oil Activities**

## Other Hazardous Waste Generator Activities

Used Oil Transporter Activity Off-Specification Used Oil Burner: No

Importer Activity:	Unknown
Mixed Waste Generator:	Unknown

Transporter:	No
Transfer Facility:	No

## Used Oil Fuel Marketer Activity

Transporter Activity: No

Used Oil Processor and/or Re-refiner Activity

Marketer who directs shipment off-specification used oil to off-specification used oil burner: No

TSD Activity: No

Processor:	No
Refiner:	No

Marketer who first claims the used oil meets the specifications: No

Recycler Activity: No

## Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption:	Unknown
Smelting, melting, Refining Furnace Exemption:	Unknown

Underground Injection Control:	No
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Destination Facility for Universal Waste:

Activity Location:	NJ	Source Type:	Notification	Seq. Number:	1	Receive Date:	18 MAY 1987
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Other/Previous Site Name: INGERSOLL-RAND EQUIPMENT SALES

Location	98 RTE 10
Address:	EAST HANOVER, NJ 07936

Mailing	98 RTE 10
Address:	EAST HANOVER, NJ 07936

Contact Person	DAVID ZIRKLE	98 RTE 10
For Source	(973) 887-1212	EAST HANOVER, NJ 07936
Information		

Owner (current)	NOT REQUIRED	Type:	Private
INGERSOLL-RAND CO	NOT REQUIRED, WY 99999	Phone:	(212) 555-1212
From:			
To:			

Land Type:	Bad code -	Non Notifier:	No	Commercial Availability:	Other - U	Tsd Date:	
Accessibility:		No. Employees:		State District:	NORTHERN		

Notes: Update 10/03 to ensure Leg\_Dist is associated with correct Counties

# RCRA Site Detail

Report run on: January 12, 2007 - 12:17 PM

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## NJD080625346 INGERSOLL-RAND EQUIPMENT SALES

Continued...

### Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Small Quantity Generator; State:

Transfer Facility: Unknown

### Other Hazardous Waste Generator Activities

Importer Activity: Unknown

Mixed Waste Generator: Unknown

Transporter Activity: No

TSD Activity: No

Recycler Activity: No

### Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption: Unknown

Smelting, melting, Refining Furnace Exemption: Unknown

### Used Oil Activities

Used Oil Transporter Activity Off-Specification Used Oil Burner: No

Transporter: No

Transfer Facility: No

### Used Oil Fuel Marketer Activity

Marketer who directs shipment off-specification used oil to off-specification used oil burner: No

Used Oil Processor and/or Re-refiner Activity

Processor: No

Refiner: No

Marketer who first claims the used oil meets the specifications: No

Underground Injection Control: No

Destination Facility for Universal Waste:

Description of Hazardous Wastes (as reported on Site Identification Form)

EPA Waste Codes: D001, X001

\* End of Report \*





# Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

## Comments

[illegible]

Installation's EPA ID Number										Approved			Date Received (yr. mo. day)			Morris 027							
C	N	J	D	0	8	0	6	2	5	3	4	6	T/A	C					8	7	0	5	1
F																							

I	N	G	E	R	S	O	L	L	-	R	A	N	D	E	O	U	I	P	M	E	N	T	S	A	L	E	S
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## Street or P.O. Box

[illegible]

City or Town															State		ZIP Code				
E	A	S	T												N	J	0	7	9	3	6

### III. Location of Installation

[illegible]

City or Town															State	ZIP Code			
C																			
6																			

#### IV. Installation Contact

Name and Title (last, first, and job title)															Phone Number (area code and number)														
C	Z	I	R	K	L	E		D	A	V	I	D	-	A	D	M	I	N		2	0	1	8	8	7	1	2	1	2

## V. Ownership

A. Name of Installation's Legal Owner																B. Type of Ownership ( <i>enter code</i> )						
C R	I	N	G	E	R	S	O	L	L	-	R	A	N	D		C	O	.				P

**VI. Type of Regulated Waste Activity** (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
<input checked="" type="checkbox"/> 1a. Generator	<input checked="" type="checkbox"/> 1b. Less than 1,000 kg/mo.	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel <i>(enter "X" and mark appropriate boxes below)</i>	
<input type="checkbox"/> 2. Transporter		<input type="checkbox"/> a. Generator Marketing to Burner	
<input type="checkbox"/> 3. Treater/Storer/Disposer		<input type="checkbox"/> b. Other Marketer	
<input type="checkbox"/> 4. Underground Injection		<input type="checkbox"/> c. Burner	
<input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel <i>(enter "X" and mark appropriate boxes below)</i>		<input type="checkbox"/> 7. Specification Used Oil Fuel Marketer <i>(or On site Burner)</i> Who First Claims the Oil Meets the Specification	
<input type="checkbox"/> a. Generator Marketing to Burner			
<input type="checkbox"/> b. Other Marketer			
<input type="checkbox"/> c. Burner			

**VII. Waste Fuel Burning: Type of Combustion Device** (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler      ☐ B. Industrial Boiler      ☐ C. Industrial Furnace

**VIII. Mode of Transportation** (*transporters only — enter 'X' in the appropriate box(es)*)

☐ A. Air    ☐ B. Rail    ☐ C. Highway    ☐ D. Water    ☐ E. Other (specify) \_\_\_\_\_

### IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

<input checked="" type="checkbox"/> A. First Notification <input type="checkbox"/> B. Subsequent Notification ( <i>complete item C</i> )	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #f2f2f2;"> <th colspan="10" style="padding: 5px;">C. Installation's EPA ID Number</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>	C. Installation's EPA ID Number																			
C. Installation's EPA ID Number																					



C																		T/A	C
W																			1

**X. Description of Hazardous Wastes** (continued from front)

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 X 0 0 1	2	3	4	5	6
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable  
(D001)

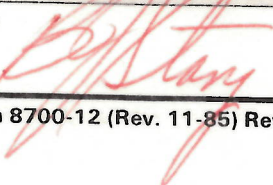
☐ 2. Corrosive  
(D002)

☐ 3. Reactive  
(D003)

☐ 4. Toxic  
(D000)
**XI. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

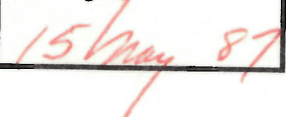
Signature



Name and Official Title (type or print)

Vice President/General Manager

Date Signed



1987 MAY 18 PM 12:02  
NEW YORK, N.Y.  
AGENCY, REGION II  
ENVIRONMENTAL PROTECTION